

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

78

FEB 25 1941 91

Primary Registration District No. 1003

Registrar's No. _____

78

1. PLACE OF DEATH:

- (a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3639 Cottage Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME William H. Mansfield

8. (b) If veteran, name war No 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Della 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May 6 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Press Feeder

11. Industry or business _____

- MOTHER FATHER { 12. Name John Mansfield
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Sarah O'Brien
15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Richard Mansfield
(b) Address Chicago Ill. (4341 N Kenmore)

17. (a) Burial (b) Date thereof 1-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Calvary

18. (a) Signature of funeral director H. Schumacher
(b) Address 3013 Meramec St.

19. (a) JAN 6 1941 (b) J. H. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3639 Cottage
(If rural, give location)
(e) If foreign born, how long in U. S. _____ years

20. DATE OF DEATH: Month Jan day 3rd
year 1941 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Occlusion
Without Sclerosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Thomas Halloran (M. D. or other)Address Deputy Coroner Date signed 1/6/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Clarence J. Rochow

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Clarence J. Rochow

Licensed Embalmer No. 3093

P. O. Address 3013 Meramec St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.